

AN ACT concerning health facilities.

Be it enacted by the People of the State of Illinois,
represented in the General Assembly:

Section 5. The Alternative Health Care Delivery Act is
amended by changing Section 35 as follows:

(210 ILCS 3/35)

Sec. 35. Alternative health care models authorized.
Notwithstanding any other law to the contrary, alternative
health care models described in this Section may be
established on a demonstration basis.

(1) Alternative health care model; subacute care
hospital. A subacute care hospital is a designated site
which provides medical specialty care for patients who
need a greater intensity or complexity of care than
generally provided in a skilled nursing facility but who
no longer require acute hospital care. The average length
of stay for patients treated in subacute care hospitals
shall not be less than 20 days, and for individual
patients, the expected length of stay at the time of
admission shall not be less than 10 days. Variations
from minimum lengths of stay shall be reported to the
Department. There shall be no more than 13 subacute care
hospitals authorized to operate by the Department.
Subacute care includes physician supervision, registered
nursing, and physiological monitoring on a continual
basis. A subacute care hospital is either a freestanding
building or a distinct physical and operational entity
within a hospital or nursing home building. A subacute
care hospital shall only consist of beds currently
existing in licensed hospitals or skilled nursing
facilities, except, in the City of Chicago, on a

designated site that was licensed as a hospital under the Illinois Hospital Licensing Act within the 10 years immediately before the application for an alternative health care model license. During the period of operation of the demonstration project, the existing licensed beds shall remain licensed as hospital or skilled nursing facility beds as well as being licensed under this Act. In order to handle cases of complications, emergencies, or exigent circumstances, a subacute care hospital shall maintain a contractual relationship, including a transfer agreement, with a general acute care hospital. If a subacute care model is located in a general acute care hospital, it shall utilize all or a portion of the bed capacity of that existing hospital. In no event shall a subacute care hospital use the word "hospital" in its advertising or marketing activities or represent or hold itself out to the public as a general acute care hospital.

(2) Alternative health care delivery model; postsurgical recovery care center. A postsurgical recovery care center is a designated site which provides postsurgical recovery care for generally healthy patients undergoing surgical procedures that require overnight nursing care, pain control, or observation that would otherwise be provided in an inpatient setting. A postsurgical recovery care center is either freestanding or a defined unit of an ambulatory surgical treatment center or hospital. No facility, or portion of a facility, may participate in a demonstration program as a postsurgical recovery care center unless the facility has been licensed as an ambulatory surgical treatment center or hospital for at least 2 years before August 20, 1993 (the effective date of Public Act 88-441). The maximum length of stay for patients in a postsurgical recovery

care center is not to exceed 48 hours unless the treating physician requests an extension of time from the recovery center's medical director on the basis of medical or clinical documentation that an additional care period is required for the recovery of a patient and the medical director approves the extension of time. In no case, however, shall a patient's length of stay in a postsurgical recovery care center be longer than 72 hours. If a patient requires an additional care period after the expiration of the 72-hour limit, the patient shall be transferred to an appropriate facility. Reports on variances from the 48-hour limit shall be sent to the Department for its evaluation. The reports shall, before submission to the Department, have removed from them all patient and physician identifiers. In order to handle cases of complications, emergencies, or exigent circumstances, every postsurgical recovery care center as defined in this paragraph shall maintain a contractual relationship, including a transfer agreement, with a general acute care hospital. A postsurgical recovery care center shall be no larger than 20 beds. A postsurgical recovery care center shall be located within 15 minutes travel time from the general acute care hospital with which the center maintains a contractual relationship, including a transfer agreement, as required under this paragraph.

No postsurgical recovery care center shall discriminate against any patient requiring treatment because of the source of payment for services, including Medicare and Medicaid recipients.

The Department shall adopt rules to implement the provisions of Public Act 88-441 concerning postsurgical recovery care centers within 9 months after August 20, 1993.

(3) Alternative health care delivery model;
children's community-based health care center. A
children's community-based health care center model is a
designated site that provides nursing care, clinical
support services, and therapies for a period of one to 14
days for short-term stays and 120 days to facilitate
transitions to home or other appropriate settings for
medically fragile children, technology dependent
children, and children with special health care needs who
are deemed clinically stable by a physician and are
younger than 22 years of age. This care is to be
provided in a home-like environment that serves no more
than 12 children at a time. Children's community-based
health care center services must be available through the
model to all families, including those whose care is paid
for through the Department of Public Aid, the Department
of Children and Family Services, the Department of Human
Services, and insurance companies who cover home health
care services or private duty nursing care in the home.

Each children's community-based health care center
model location shall be physically separate and apart
from any other facility licensed by the Department of
Public Health under this or any other Act and shall
provide the following services: respite care, registered
nursing or licensed practical nursing care, transitional
care to facilitate home placement or other appropriate
settings and reunite families, medical day care, weekend
camps, and diagnostic studies typically done in the home
setting. Alternative---health---care---delivery---model;
children's---respite---care---center.---A-children's-respite
care-center-model-is--a--designated--site--that--provides
respite--for--medically-frail,7-technologically-dependent,
clinically-stable-children,7-up-to-age-18,7-for-a-period-of
one-to-14-days.---This--care--is--to--be--provided--in--a

home-like--environment--that--serves--no--more--than--10
children--at--a--time.--Children's--respite--care--center
services--must--be--available--through--the--model--to--all
families,--including--those--whose--care--is--paid--for--through
the--Illinois--Department--of--Public--Aid--or--the--Illinois
Department--of--Children--and--Family--Services.--Each--respite
care--model--location--shall--be--a--facility--physically
separate--and--apart--from--any--other--facility--licensed--by
the--Department--of--Public--Health--under--this--or--any--other
Act--and--shall--provide,--at--a--minimum,--the--following
services:--out-of-home--respite--care;--hospital--to--home
training--for--families--and--caregivers;--short--term
transitional--care--to--facilitate--placement--and--training
for--foster--care--parents;--parent--and--family--support
groups.

Coverage for the services provided by the Illinois Department of Public Aid under this paragraph (3) is contingent upon federal waiver approval and is provided only to Medicaid eligible clients participating in the home and community based services waiver designated in Section 1915(c) of the Social Security Act for medically frail and technologically dependent children or children in Department of Children and Family Services foster care who receive home health benefits.

(4) Alternative health care delivery model; community based residential rehabilitation center. A community-based residential rehabilitation center model is a designated site that provides rehabilitation or support, or both, for persons who have experienced severe brain injury, who are medically stable, and who no longer require acute rehabilitative care or intense medical or nursing services. The average length of stay in a community-based residential rehabilitation center shall not exceed 4 months. As an integral part of the services

provided, individuals are housed in a supervised living setting while having immediate access to the community. The residential rehabilitation center authorized by the Department may have more than one residence included under the license. A residence may be no larger than 12 beds and shall be located as an integral part of the community. Day treatment or individualized outpatient services shall be provided for persons who reside in their own home. Functional outcome goals shall be established for each individual. Services shall include, but are not limited to, case management, training and assistance with activities of daily living, nursing consultation, traditional therapies (physical, occupational, speech), functional interventions in the residence and community (job placement, shopping, banking, recreation), counseling, self-management strategies, productive activities, and multiple opportunities for skill acquisition and practice throughout the day. The design of individualized program plans shall be consistent with the outcome goals that are established for each resident. The programs provided in this setting shall be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). The program shall have been accredited by CARF as a Brain Injury Community-Integrative Program for at least 3 years.

(5) Alternative health care delivery model; Alzheimer's disease management center. An Alzheimer's disease management center model is a designated site that provides a safe and secure setting for care of persons diagnosed with Alzheimer's disease. An Alzheimer's disease management center model shall be a facility separate from any other facility licensed by the Department of Public Health under this or any other Act.

An Alzheimer's disease management center shall conduct and document an assessment of each resident every 6 months. The assessment shall include an evaluation of daily functioning, cognitive status, other medical conditions, and behavioral problems. An Alzheimer's disease management center shall develop and implement an ongoing treatment plan for each resident. The treatment plan shall have defined goals. The Alzheimer's disease management center shall treat behavioral problems and mood disorders using nonpharmacologic approaches such as environmental modification, task simplification, and other appropriate activities. All staff must have necessary training to care for all stages of Alzheimer's Disease. An Alzheimer's disease management center shall provide education and support for residents and caregivers. The education and support shall include referrals to support organizations for educational materials on community resources, support groups, legal and financial issues, respite care, and future care needs and options. The education and support shall also include a discussion of the resident's need to make advance directives and to identify surrogates for medical and legal decision-making. The provisions of this paragraph establish the minimum level of services that must be provided by an Alzheimer's disease management center. An Alzheimer's disease management center model shall have no more than 100 residents. Nothing in this paragraph (5) shall be construed as prohibiting a person or facility from providing services and care to persons with Alzheimer's disease as otherwise authorized under State law.

(Source: P.A. 91-65, eff. 7-9-99; 91-357, eff. 7-29-99; 91-838, eff. 6-16-00.)